15/5/2010

INS. CASE OWNER:

CC6/AIG20005686/Kba3

LKK:

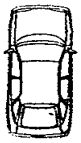
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 19/05/2020 Date / Time : 12/05/2020

Registered in Merimen: 12/05/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 7584J Claim No. : 4779669341SG

Name of Insured : INTERNATIONAL LONG-SHI TRADING HUB Policy No. : 1900151417

Insured Tel No. : HP: Make / Model : NISSAN NV350 PANEL VAN

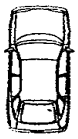
Excess Sec II :S$ D.O.A : 08/05/2020 Place of Accident : BLK 1D CANTONMENT RD LEVEL 1 CAR PARK

Is driver the owner? (YES / NO) Nature of Accident :

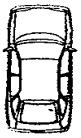
If **NO**, Driver Name / Age : NG WEE SHANG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 96796559 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

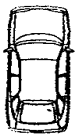
SJV 191Y → → →



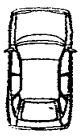
INSRS:
WSP:
Tel : OPTIMA WERKZ
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SJV 191Y - X GBJ 7584J - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** / **Typist**
		Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: P/P	S$ 7,660.13 (4 days)	Reduction: 18 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17.12.21	Confirm with JOSEPH	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 8,196.34		OI MOVE OFF FROM STATIONARY HIT TP TRAVELING STR
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 480.00 ($ 120 x 4 days)		
Loss of Income (LOI):	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 2.00		
Medical:	S$ -		1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$** 8,678.34	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 17.12.21	Confirm with: JOSEPH	Email ☐ Call ☐
Payee 1:	S$ 8,678.34	Name 1:	OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	